
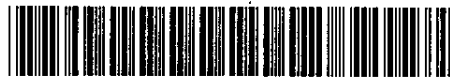


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90461 002 \*\*\*150.00

<b>DOCUMENT # P94000054379</b>		
1. Entity Name <b>USA RESEARCH INSTITUTE OF BIOLOGIC MEDICINE, INC.</b>		
Principal Place of Business <b>4445 WEST 16 AVENUE # 605 HIALEAH FL 33012 US</b>		Mailing Address <b>4445 WEST 16 AVENUE # 605 HIALEAH FL 33012 US</b>
2. Principal Place of Business <b>4445 W 16th Ave</b>		3. Mailing Address
Suite, Apt. #, etc. <b>504</b>		Suite, Apt. #, etc.
City & State <b>HIALEAH</b>		City & State <b>FL</b>
Zip <b>33012</b>	Country <b>USA</b>	Zip <b>33012</b>
Country <b>USA</b>		Country



MOORE CR2E034 (11/03)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>NICOLAS, FRANCISCA</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>31 W 29 STREET # 7 HIALEAH FL 33012</b>		Street Address (P.O. Box Number is Not Acceptable) <b>3641 W 2nd Ave</b>	
City <b>HIALEAH</b>		City <b>FL</b>	Zip Code <b>33012</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Francisca Nicolas DATE 4-21-2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARMENGOL, SALVADOR</b> <b>4445 W 16TH AVE # 605</b> <b>HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S ARMENGOL, Salvador</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NICOLAS, FRANCISCA</b> <b>31 W 29 ST # 7</b> <b>HIALEAH FL 33012</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NICOLAS, Francisca</b> <b>3641 W 2nd Ave</b> <b>HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4-21-2004 (305-5573153)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #